2011 Military Health System Conference

Tidewater Multi-Service Market

Preins perceityres h MTF and market-level assessment and strategies

The Quadruple Aim: Working Together, Achieving Success

Rear Admiral A. Stocks, MC, USN Colonel E. Stone, MC, USAF Colonel

Kantalynan, 2011 USA









Tidewater Multi-Service Market

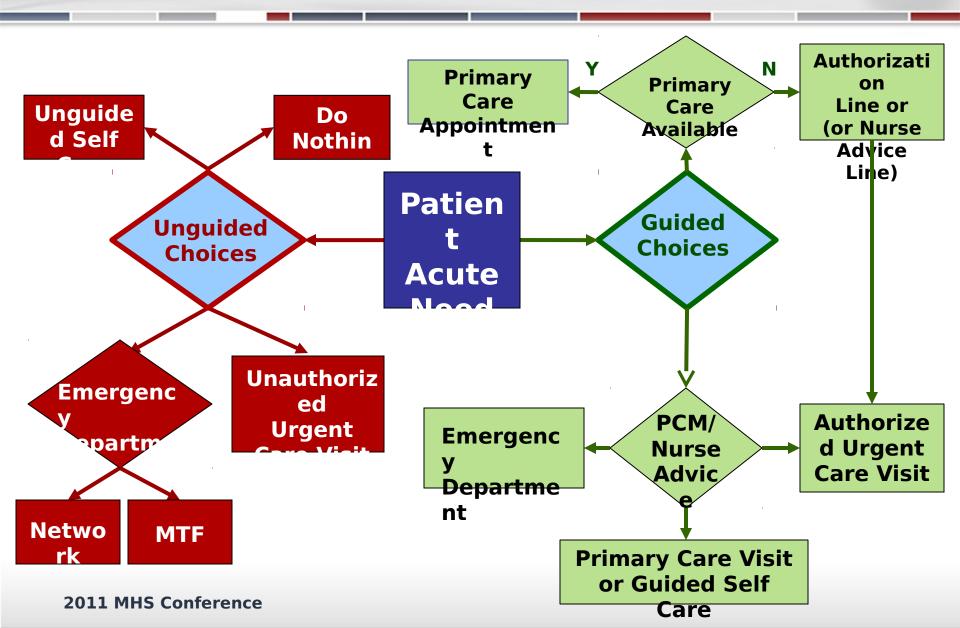
Objectives



- Understand Choice Architecture for patients with acute care needs.
- Provide overview of factors impacting ED utilization in the Tidewater area.
- Share strategies to reduce network ED utilization.

Choice Architecture





The "Perfect Storm"



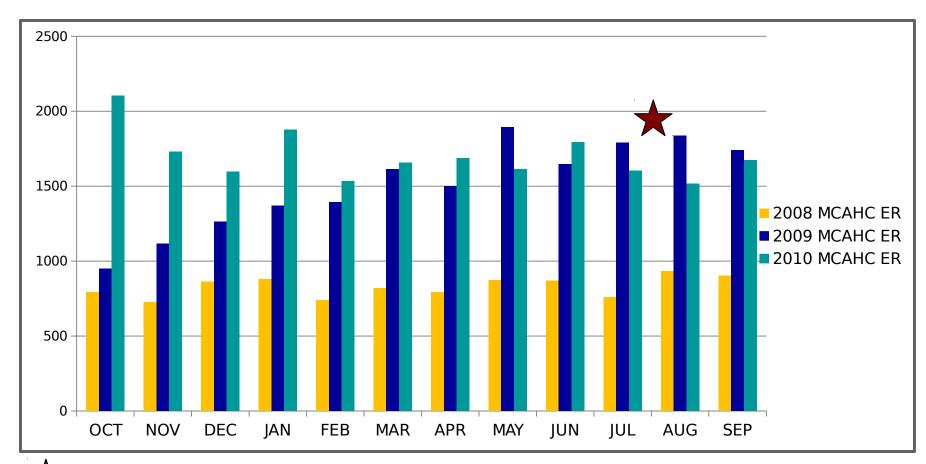
Improper Utilization and Increasing Cost

"Reason" for increased utilization is multifaceted

Emergency Department Utilization



Purchased Care RVU's in the Eustis Prism



gressive education campaign for installation units

Authorization for Network Care



- Two Mechanisms for Authorizing Urgent Care
 - Authorization through PCM Staff
 - Generates referral
 - Evaluation in MTF
 - Eustis Authorization Line
 - Implemented in Nov 2008
 - Duty day calls managed by Referral Center/BCACs
 - Coordinate appointments with MTF
 - After hours calls routed to voice message authorizing use of local Urgent Care Facility
 - Patient calls back within 24 hours with diagnosis

Fort Eustis Authorization Line Data



	FY09	FY 10	FY11
Direct Care	28%	26%	12%
Emergency Care	14%	13%	7%
Network UCC 1	41%	45%	56%

- Percent of decline in Direct Care utilization is a direct result of right-sizing MTF templates and enrollment panels.
- Easy authorization process for Network Urgent Care
- Decrease in Emergency utilization attributed to targeted
 populationeducation efforts.

Emergency UtilizationChallenge

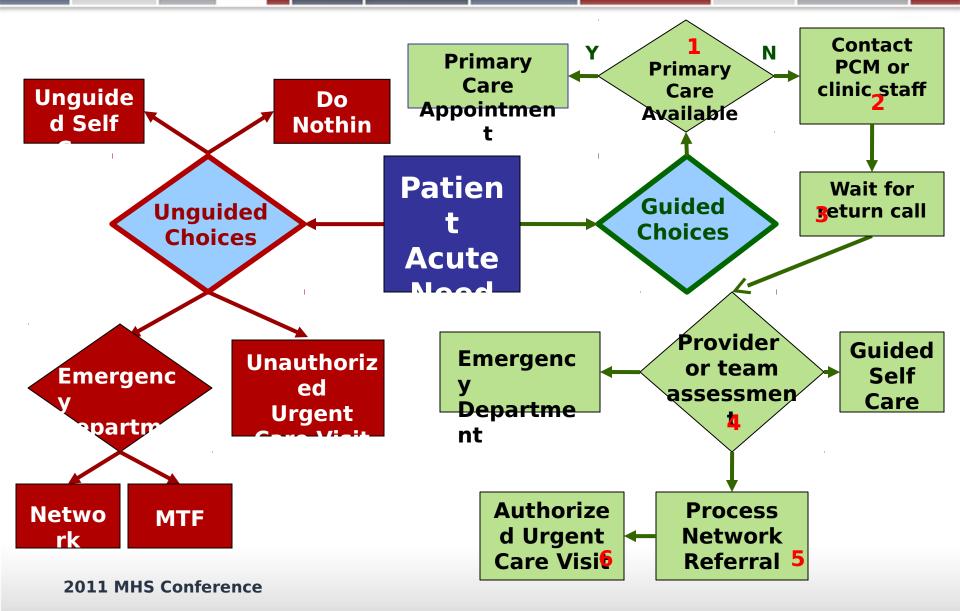


- Increased Purchased Care Spending
 - + \$16M non-urgent ED visits and Primary Care FY09
 - 60-65% of ED purchased care is for nonurgent care

Health Informati on 18% Upper Respirato ry 17%

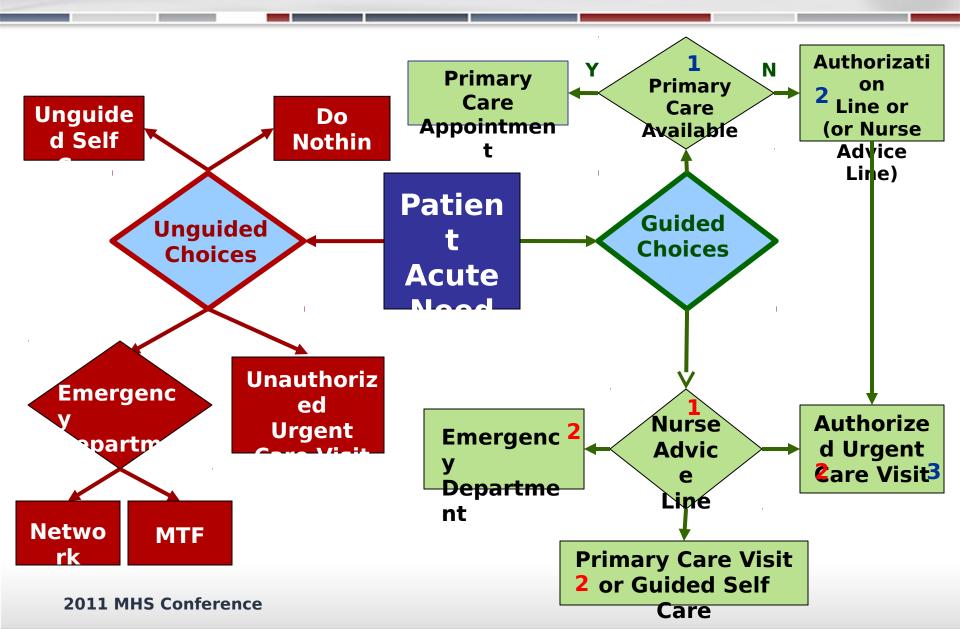
Current Choice Architecture





With Nurse Advice Line





Nurse Advice Line Background



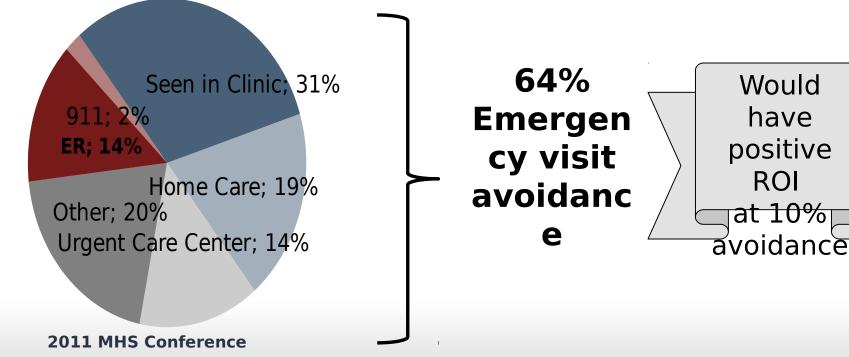
Would

have

ROI

at 10%

- Decrease Purchased Care Spending
- Provide the <u>RIGHT CARE</u> at the <u>RIGHT TIME</u>
 - High quality, cost effective care to our beneficiaries
 - Advice based on industry standards & triage protocols
 - Integrated, seamless service with first call resolution



Beneficiary and MTF Satisfaction



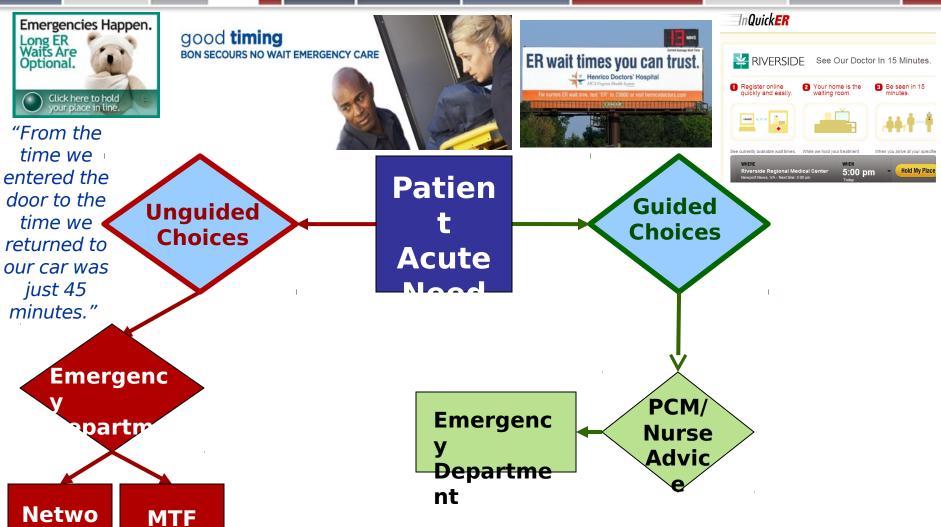
- Feedback Regarding Langley Nurse Advice Line
 - Beneficiary Satisfaction Rating
 - 98% very satisfied with the level of customer service
 - 96% speaking w/nurse impacted their health decision
 - 94% very satisfied the nurse showed concern for them
 - 89% very satisfied with the nurse response time
 - 90% very satisfied with recommendation for care
 - 92% would recommend the service to a friend

MTF Satisfaction Rating

- Providers-decreased afterhours calls by 90-99%
- Nurses-decreased symptom based calls by 75-95%
- Flexibility- created home quarters protocol during H1N1

Emergency Visit Choice Architecture





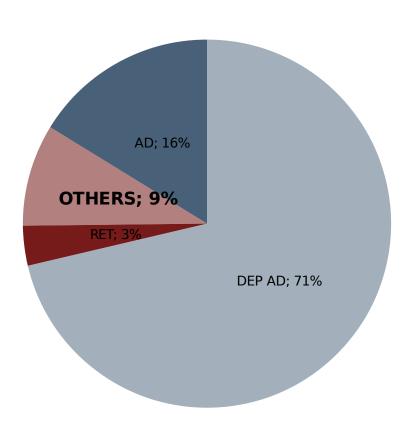
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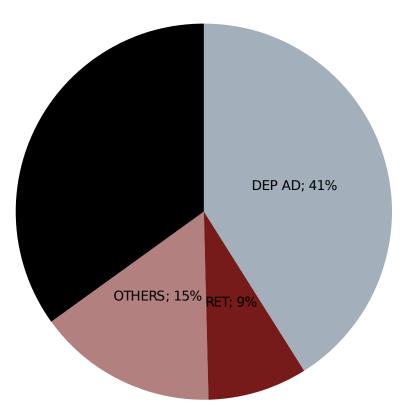


ED Utilization Comparison

Network ED Visits FY10

MTF ED Visits FY10





N=69,4 17

N=76,522*
*includes Langley Jul-Sep

MTF Improvement Initiatives



- Langley
 - Opened Emergency Department in July 2010
 - Increasing Beds and Staff by 2012
 - Community Marketing
- Naval Medical Center Portsmouth
 - Established Acute Orthopedic Track
 - Left Without Being Seen rates below 2.5%
 - Expanding Observation Capabilities
 - Collaboration with Radiology

Summary



- Objectives Recap
 - Choice Architecture for acute care is complex.
 - Numerous factors Impact ED utilization in the Tidewater area.
 - MTF-level and market-level strategies can impact network ED utilization.

Help our patients choose the <u>right care</u> in the <u>right setting</u> at the <u>right time</u>.